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62673

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 076	Agency Case No. B5-092354	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1				
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 10/04/2015		S M T W TH F S <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time) TIME OF ACCIDENT 0935		STATE USE ONLY 10/04/2015 LATITUDE LONGITUDE				
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0935	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
B 53	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 10TH AND O ST		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO						
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO. 34						
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION							
	NAME OF INTERSECTING ROADWAY		O FEET O MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
	10TH AND O STREET									
V1/M 03	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
	VEHICLE NO. 1									
F 1	DRIVER LICENSE NO.	H13535205		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N 2	DRIVER	ALEXIS R THRASHER		PHONE	402-806-3046		LOCAL NO.			
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	02/19/1997		V1/1 18			
	OWNER	TIMOTHY J SEDLACEK		PHONE	402-239-5065		V1/2			
G 6	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB482939		V1/3			
H 5	LICENSE PLATE PA NO.	3B9793		YEAR (Plate Expires)	2016	STATE (Of Plate) NE	V1/4			
V1/O 2	VEHICLE	YEAR 2010	MAKE Dodge	MODEL AVENGER	BODY STYLE 4 door Sedan	COLOR black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000			
V2/O 2	VEHICLE ID NO. (V1/N)	1B3CC4FB9AN139831		INSURANCE COMPANY	FARMERS MUTUAL OF NE		V1/5 18			
	TOWED TO	TOWED BY		POLICY NO.	AU323716		V1/6 25			
	VEHICLE NO. 2									
I 1	DRIVER LICENSE NO.	V03611432		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/P 1	DRIVER	DAWOOD S SULEIMAN		PHONE	402-304-8877		LOCAL NO.			
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/08/1964		V2/1 18			
	OWNER	DAWOOD S SULEIMAN		PHONE	402-304-8877		V2/2			
J 01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.		V2/3			
V1/Q 4	LICENSE PLATE TE NO.	TAJ426		YEAR (Plate Expires)	2016	STATE (Of Plate) NE	V2/4			
V2/Q 4	VEHICLE	YEAR 1993	MAKE Toyota	MODEL HALF TON PI	BODY STYLE Pickup truck	COLOR red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500			
	VEHICLE ID NO. (V1/N)	JT4RN93P3P5075326		INSURANCE COMPANY	PROGRESSIVE		V2/5 18			
K 02	TOWED TO	TOWED BY		POLICY NO.	904061354		V2/6 25			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					

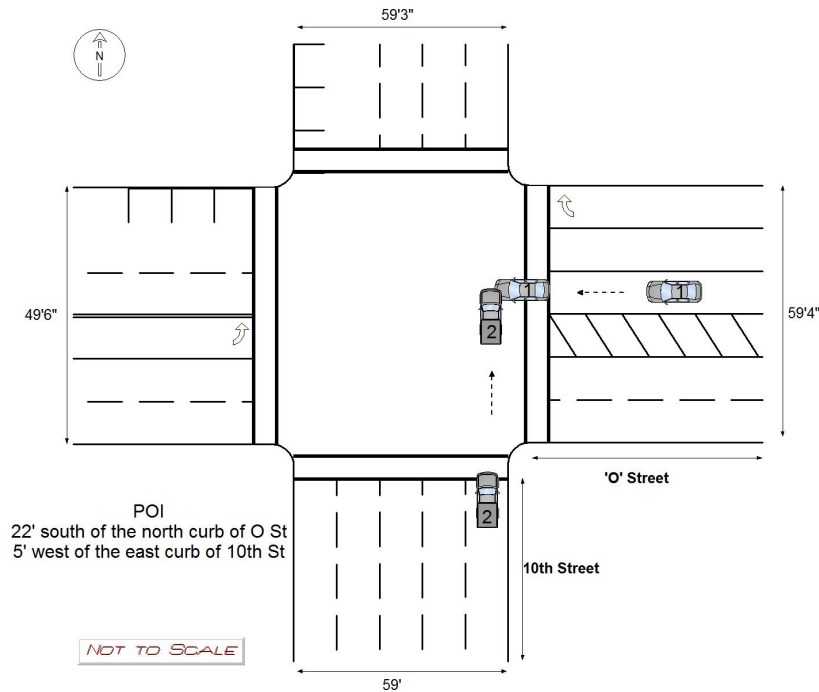
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092354



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was traveling westbound on O St and vehicle #2 was traveling northbound on 10th St when vehicle #1 violated the red traffic signal and struck vehicle #2. The driver of vehicle #1 said that she was trying to stop but her brakes wouldn't work. Ofc. Hill was traveling behind vehicle #2 and observed the accident. Vehicle #2 entered the intersection on a green light and was struck by vehicle #1. Ofc. Hill inspected the brakes on vehicle #1 and they seemed to be working properly. The driver of vehicle #1 said her brakes have never malfunctioned before this accident.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1				X	O STREET										
2	X				10TH STREET										
1	01	06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				VEHICLE 1		VEHICLE 2		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL TESTING Driver No. 1: Y Driver No. 2: Y Pedestrian: Y	
2	01					POINT OF IMPACT		01	POINT OF IMPACT					02	ALCOHOL LEVEL TESTED N X N X N
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right						MOST DAMAGED AREA		01	MOST DAMAGED AREA		02	BAC LEVEL		ALCOHOL/ DRUGS SUSPECTED Driver No. 1: 1 Driver No. 2: 1	
						00 None		02		03		04		05	
06 Turning right 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown						08		07		06					
						01		02		03		04		05	

OFFICER NO. 1336	TROOP/ TEAM/ BEAT 7	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Nate Hill		INVESTIGATOR SIGNATURE Approved by Officer Nate Hill	
DATE OF REPORT 10/04/2015			